

# Draft Suicide

6/26/06

**Definition:** Suicide includes all intentional, self-inflicted deaths and attempt hospitalizations. Attempt hospitalizations for 1989 through 2004 and suicide deaths for years 1980 through 1998 include all records with ICD 9 code including are E950-E959. Deaths for years 2000 -2004, the applicable ICD10 codes are X60-X84 and Y87.0.

## **Washington State Goal Statements:**

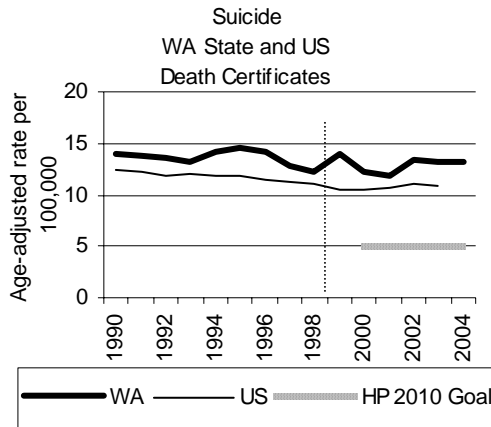
Reduce the suicide death rate by 5% from 13.3 per 100,000 in 2004 (823 deaths) to no more than 12.6 per 100,000 by 2010.

## **National Healthy People 2010 Objectives:**

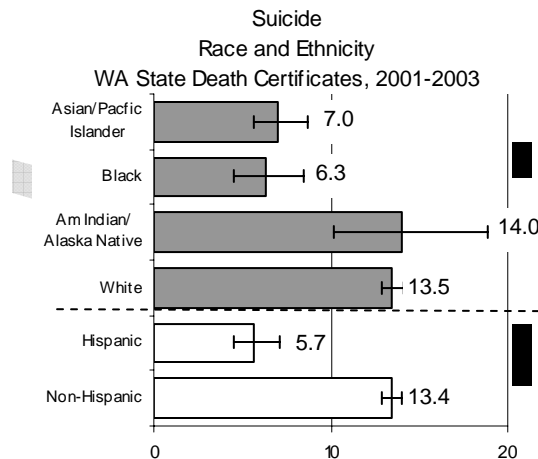
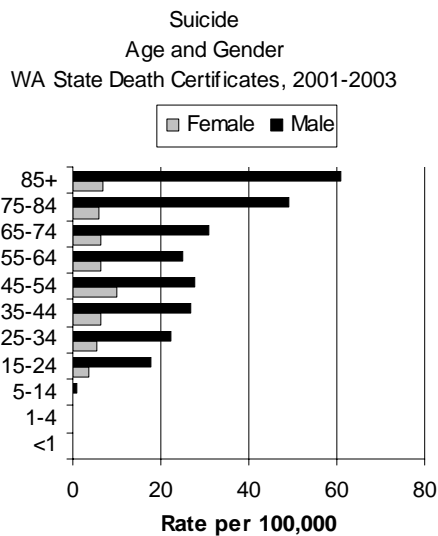
1. Reduce the suicide rate from 11.3 in 1998 to no more than 5.0 suicides per 100,000 population in 2010.
2. Reduce the rate of suicide attempts by adolescents in grades 9 through 12 in a 12-month average from 2.6 in 1999 to no more than 1.0 in 2010. *In Washington in 2004, 8% of 8<sup>th</sup> graders, 9% of 10<sup>th</sup> graders, and 6% of 12<sup>th</sup> graders reported to have attempted suicide in the past 12 months.*

## **Statement of the Problem:**

In 2004, there were 823 suicides or self-inflicted deaths of Washington residents of all ages. Suicides or self-inflicted death rates have been increasing since 2000 from a rate of 12.3 to 13.3 in 2004. Rates have historically been higher and are still higher than the national rate.



From 2001-2003, death data from Washington State show that males are more likely to die from suicide compared to females. Suicide death rates are highest for males 85 years of age and older. Males aged 15-84 years of age also have almost 4 times higher rate of suicide compared to females. American Indians and Alaska Natives have higher suicide-related death rates compared to other race groups, and non-Hispanics compared to Hispanics. The majority of suicides in Washington State are firearm-related (51%) followed by poisoning (21%) and suffocation (20%) as the leading methods for suicide.



The CDC states that someone commits suicide every 17 minutes. According to the United States Department of Health and Human Services, suicide exacts an enormous toll from the American people. Our nation loses 30,000 lives to suicide each year; another 65,000 receive emergency care after attempting to take their own lives. The devastating trauma, loss, and suffering are multiplied in the lives of family members and friends. Deaths and injuries from suicidal behavior also represent a substantial drain on the economic, social, and health resources of the nation.

## **Risk Factors for Suicide**

According to the U.S. Department of Health and Human Services in their 2001 National Strategy for Suicide Prevention, the following risk factors were identified:

### *Biopsychosocial Risk Factors*

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders
- Alcohol and other substance use disorders
- Hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide

### *Environmental Risk Factors*

- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence

### *Sociocultural Risk Factors*

- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to accessing health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma)
- Exposure to, including through the media, and influence of others who have died by suicide.

Suicide is a complex behavior that is difficult to predict, however, suicide can be prevented in many cases by early recognition and treatment. At all ages, recognizing and treating signs of depression and mental and substance abuse disorders and reducing access to lethal means, such as firearms, are key interventions. To be successful, preventive interventions must be tailored to the age and life circumstances of the target population.

### **Recommended Strategies from the Injury Community Planning Group:**

## **AWARENESS**

### ***1. Promote awareness that suicide is a public health problem that is preventable.***

A. Work with local media to increase public awareness by developing and disseminating public service announcements describing a safe and effective message about suicide and its prevention.

- When a suicide occurs in a community, stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs, trends in suicide rates, recent treatment advances and local crisis resources. They can also highlight opportunities to prevent suicide.

B. Convene local forums to focus on issues likely to strongly influence the effectiveness of suicide prevention messages.

C. Use information technology to make facts about suicide and suicide prevention widely and appropriately available to the general public and health care providers.

- The Washington Youth Suicide Prevention Program (YSPP) website has become an increasingly vital resource, receiving over 175,000 hits last quarter. The YSPP website also enables distribution of resources that include posters, brochures on warning signs, and parent and teacher guides.

## **INTERVENTION**

### ***2. Develop broad-based support for suicide prevention.***

A. Increase the number of professional, voluntary, and other groups that integrate suicide prevention activities into their ongoing programs and activities.

B. Extend collaboration with and between public and private sectors to consider completing a National Strategy for Suicide Prevention.

C. Implement training for recognition of at-risk behavior and delivery of effective treatment.

- ***Conduct suicide prevention educational presentations.***

Educational presentations are beneficial for parents, young people, school staff, district administrators, school board members, local mental health agencies, local health care practitioners, local day care staff, neighboring schools - both public & private - anyone who works with or knows persons at risk or who works with children/adolescents. Presentations are designed to:

- Enhance awareness about suicide

- Teach the warning signs of suicidal thinking and behavior
- Teach three basic intervention skills that can help to avert a suicidal death
  - Show you care.
  - Ask the question.
  - Get help.

- ***Train gatekeepers in the warning signs and how to respond.***

Gatekeepers include: teachers, counselors, psychologists and nurses in Washington secondary schools, police officers, family and general practitioners, child, family, and school social workers, clergy, and recreation workers in Washington.

***3. Increase access to and community linkages with mental health and substance abuse services.***

***4. Promote efforts to reduce access to lethal means and methods of self-harm.***

## **INFRASTRUCTURE**

***5. Establish mechanisms for broad-based collaboration to improve and expand surveillance systems for suicide and suicidal behaviors.***

### **Resources:**

#### **Washington State**

1. Washington State Healthy Youth Survey 2004 Website: <http://www.rmccorp.com/HYS04/>.
2. The Washington State Department of Health, Health of Washington State, Website: <http://www.doh.wa.gov/HWS>.
3. Washington State Youth Suicide Prevention Program Website: [www.yspp.org](http://www.yspp.org).

#### **National**

4. National Suicide Prevention Lifeline: 1-800-273-TALK.
5. National Mental Health Association Website: [www.mentalhealth.org/suicideprevention/concerned.asp](http://www.mentalhealth.org/suicideprevention/concerned.asp).
6. Kids Health Website: [www.kidshealth.org/parent/emotions/behavior/suicide.html](http://www.kidshealth.org/parent/emotions/behavior/suicide.html)  
“Understanding and Preventing Teen Suicide”

7. American Academy of Child and Adolescent Psychiatry Website: [www.aacap.org](http://www.aacap.org), “Go to Facts for Families, Teen Suicide” (Fact Sheet #10)
  8. National Institute of Mental Health Website: <http://www.nimh.nih.gov/suicideprevention/suifact.cfm>.
  9. American Academy of Pediatrics Website: [www.aap.org/advocacy/childhelathmonth/prevteensuicide.htm](http://www.aap.org/advocacy/childhelathmonth/prevteensuicide.htm), “Some Things You Should Know About Preventing Teen Suicide”
  10. National Adolescent Health Information Center Website: <http://youth.ucsf.edu/na hic/img/Suicide.pdf>
  11. National Strategy for Suicide Prevention, Website: <http://www.mentalhealth.samhsa.gov/suicideprevention/strategy.asp>.
  12. Suicide Prevention Resource Center, Website: [www.sprc.org](http://www.sprc.org).
  13. Centers for Disease Control Website: [www.cdc.gov/ncipc/factsheets/suicide-prevention.htm](http://www.cdc.gov/ncipc/factsheets/suicide-prevention.htm). and [http://www.cdc.gov/ncipc/dvp/Preventing\\_Suicide.pdf](http://www.cdc.gov/ncipc/dvp/Preventing_Suicide.pdf).
- This should be an overall reference for the plan, but not in an individual chapter.
14. The Prevention Institute Website: <http://www.preventioninstitute.org/violenceprev.html>.

## **Publications**

Knox, Kerry L., Doll, L.S., Bonzo, S. Mercy, J., Sleet, D., “*Interventions for Suicide,*” Handbook of Injury and Violence Prevention, Springer, Secausus, New Jersey, 2006.

# Reducing Suicides in Washington State

*Because we have these resources...*

*...we are able to implement these strategies/activities*

*...and create these resources...*

*...so that we achieve these outcomes for our citizens.*

